

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90049 023 \*\*\*\*61.25

**DOCUMENT # 725907**

1. Entity Name

**AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY, INC.**

Principal Place of Business

Mailing Address

930 N. MEACHAM RD.  
 SCHAUMBURG IL 60173

930 N. MEACHAM RD.  
 SCHAUMBURG IL 60173-4918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1434892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESNIK MD, SORREL S**  
**7800 SW 87TH AVE**  
**STE #B-200**  
**MIAMI FL 33173**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **M**  
**CHERYL K NORDSTEDT**  
 STREET ADDRESS **4019 W GRACE ST**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Delete

NAME **D**  
**JOHNSON, TIMOTHY M. M.**  
 STREET ADDRESS **1910 TAUBMAN, BOX 0314**  
 CITY-ST-ZIP **ANN ARBOR MI 48109**

TITLE ☐ Delete

NAME **D**  
**DZUBOW, LEONARD M. M.**  
 STREET ADDRESS **3400 SPRUCE ST.**  
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Delete

NAME **P**  
**WHEELAND, RONALD G. M.D**  
 STREET ADDRESS **8406 RUGGLES COURT**  
 CITY-ST-ZIP **FAIR OAKS CA 95628**

TITLE ☐ Delete

NAME **T**  
**ROENIGK MD, RANDALL K**  
 STREET ADDRESS **MAYO CLINIC, DEPT OF DERM**  
 CITY-ST-ZIP **ROCHESTER MN**

TITLE ☐ Delete

NAME **VP**  
**COLEMAN, WILLIAM P. III**  
 STREET ADDRESS **4425 CONLIN STREET**  
 CITY-ST-ZIP **METairie LA 70006**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **P**  
**William P. Coleman, III, MD**  
 STREET ADDRESS **4425 Conlin Street**  
 CITY-ST-ZIP **Metairie, LA 70006**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **VP**  
**Stephen H. Mandy, MD**  
 STREET ADDRESS **430 W. Main Street**  
 CITY-ST-ZIP **Aspen, CO 81611**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/9/00 847/330-9830**